Public Health: Leadership, Culture Change, Sector Led Improvement and Organisational Development Framework for the West Midlands

Stage One

EXECUTIVE SUMMARY

Learning for Public Health West Midlands

THE ART OF COACHING

1. Executive Summary

Introduction and Purpose

This report presents an analysis of the views of over 150 participants representing upper tier and district councils, Clinical Commissioning Groups, Public Health England, Local Healthwatch, DH, the NHS and third sector organisations about the leadership and culture change challenges and needs of local councils and Health and Wellbeing Boards within the West Midlands. It forms the focus of Stage One of the **Public Health – Leadership, Culture Change, Sector Led Improvement and Organisational Development Framework for the West Midlands** Project, commissioned and funded by a joint partnership of the Centre for Local Government West Midlands, Learning for Public Health West Midlands, and Public Health England (West Midlands). It was overseen and supported by a Steering Group comprising Local Authority Chief Executives; Directors of Public Health; representatives of the Health Protection Agency (HPA), Health Education England; the NHS; Public Health England; CLG-West Midlands and Learning for Public Health West Midlands.

The impetus for the work came from the West Midlands Public Health Integration Board (established with a role to respond effectively, systematically and in partnership with key stakeholders to the government's public health reforms) and the forum of leaders held in March 2013.

With local authorities taking on the leadership responsibility for improving public health from 1st April 2013, the leaders' forum recognised this represented a major opportunity to seize the opportunities arising from the health reforms, and draw on the full range of local government functions, responsibilities and partnerships to secure transformational change in health and wellbeing across the West Midlands through a collaborative framework.

This report provides an understanding of participants' views about:

- The main needs and challenges confronting local councils and their partners in the West Midlands in achieving the stated Ambition to secure transformational improvements in health and wellbeing;
- What additional support would be helpful to respond to identified needs;
- How local councils and their partners can assure themselves they are making progress in achieving transformational change and more integrated services

The Art of Coaching (TAOC) undertook the Project, bringing together a team whose background includes public health, NHS, local government, OD, facilitation, leadership development and coaching.

Acknowledgements

TAOC wish to thank the many people and organisations that enabled this stage of the Project to be completed in an ambitious timescale. Birmingham City Council, Coventry City Council and Telford and Wrekin were very helpful in providing venues for the sub-regional focus groups, and the two Deep Dive councils – Walsall and Staffordshire – offered both organisation and access. Rachel Allchurch, Learning for Public Health Co-ordinator, provided invaluable project support and scheduled many of the one-to-one interviews.

Thanks are also due to the many people who participated in focus groups and interviews – feedback has been excellent and, for the most part, participants shared openly and honestly, sometimes uncomfortable issues with the facilitators. Participants gave facilitators access to a significant body of information and understanding, much of which could be used constructively for further sector improvement, but not all of which could be quoted here. Participants repeatedly said they valued the opportunity to consider difficult issues in a structured but confidential environment, and the integrity of the process.

Background

The Health and Social Care Act has led to a radical restructuring of the national and local leadership and management of public health. From 1st April 2013, upper tier and unitary local authorities have a new duty to improve public health. Accompanying this duty is a number of responsibilities, including a ring-fenced public health budget, a duty to publish a joint health and wellbeing strategy (JHWS) for meeting the needs identified in the joint strategic needs assessment (JSNA) and the requirement to convene Health and Wellbeing Boards (HWBs), bringing together key leaders from local government and the health system to work together at a local level.

Local government has enthusiastically welcomed the 'coming home' of public health as recognition of the significant impact that local councils have on the health and wellbeing of local communities through the full range of their functions and responsibilities for the wider social determinants.

Several factors have influenced the health reforms; among them is the persistence of health inequalities. Despite improvement in overall health, evidence indicates that inequalities in life expectancy have increased across most of the 152 authorities with responsibility for public health. The health profile for the West Midlands shows that the region continues to remain below the England average on many of the health indicators.

A second factor is the 'double whammy' of:

- Rising demand for care services as a consequence of demographic changes and a growing older population;

- Reducing resources with local government and the public sector more widely experiencing real-terms budget cuts and productivity savings.

It is against this backdrop of financial austerity, emerging and continuing health and wellbeing challenges and significant change in the leadership and management of the NHS and Public Health nationally and locally, that 68 leaders from across the West Midlands came together for the first time at an event in March 2013. Participants were encouraged to discuss the major challenges and opportunities for the West Midlands and their top three ambitions for what they wished to achieve. Four broad themes emerged and were agreed as the basis for further collaboration across the region.

The **Public Health – Leadership, Culture Change, Sector Led Improvement and Organisational Development Framework for the West Midlands** Project (has largely developed in response to the outcomes from the March event. This report covers stage one of rhe Project. Most specifically, it provides:

- An analysis of the needs identified by representatives from local councils, partners and other key stakeholders, particularly in relation to leadership and culture change;
- Commentary on and signpost to an online resource (Catalogue of Provision) that maps some of the existing resources, networks, and learning and development opportunities to support transformational change;
- Commentary on and signpost to a State of Readiness Barometer, proposing a strategic framework to support local councils to make transformational change.

Taken together, the Needs Analysis, Catalogue of Provision and State of Readiness Barometer are intended to support the objective of "e*nsuring that Councils have inspirational leadership and a professional, creative and caring staff who are resourced, equipped and capable of delivering meaningful change in health outcomes and addressing health inequalities*" – as set out in The Project tender documentation.

Approach

The overarching methodology was based on taking an OD approach to what would be a complex project. This involved developing practical learning for the individuals and organisations taking part; both through appropriate sharing of what they found and through questions and processes designed to challenge and help develop the recipients. Feedback from the participants about the approach has been excellent.

The main aim was to engage participants in participative strategic change conversations about the leadership and culture change needs and priorities

for support of local councils and their partners in securing transformational health and improvements. Two key principles underpinned this; the first was that no one individual or organisation holds all the knowledge and information about needs, every voice in the local health and wellbeing system has an important contribution to make. The second was that there are no right or wrong answers; each contribution has merit.

As well as helping with gaining an understanding of needs, the outcomes from these conversations would be used to shape the design and development of the Catalogue of Provision and State of Readiness Barometer.

The process involved:

- One-to-one interviews, carried out face to face or by telephone, with a sample of senior leaders from across the 14 upper tier authorities, district councils and key partner organisations. The list of interviews was agreed with The Project Steering Group and designed to engage the participation of a representative range of leaders;

- Five 'sub-regional' Focus Groups were organised in different venues and localities to provide choice and opportunities for a wider range of participants to engage. Three local councils – Birmingham, Coventry and Telford and Wrekin, hosted the focus groups;

- Two "Deep Dives" were undertaken with volunteer councils. The deep dive consisted of spending a day with each council – Staffordshire and Walsall;

- Attendance at the West Midlands' Health and Wellbeing Boards' Co-ordinating Officers meeting on the 25th September 2013;

- Attendance at the District Councils' Chief Executives Meeting on the 12th September 2013;

- Desk research and analysis of key documents provided by the Project Steering Group, covering outcomes from a range of local events and development programmes to inform both the Needs Analysis and the Catalogue of Provision;

- An examination of existing tools and performance frameworks, (for example, the LGA's Health and Wellbeing Board Development Tool and NHS and Public Health Outcomes Frameworks) to examine potential links to, and minimise possible duplication in designing, the State of Readiness Barometer.

Key Messages

The feedback from people taking part in the one-to-one, focus groups and deep dives and from the events and meetings, have been collated around eleven key themes and quotes:

1. “Singularity of purpose”
2. “From base camp to scaling the heights of Everest”
3. “Partnerships, relationships and shared culture”
4. “Health is everyone’s business”
5. Health and wellbeing boards: system leaders or talking shops?”
6. “A new relationship with communities”
7. “Dealing with greater complexity, ambiguity, uncertainty and change”
8. “A shared understanding of what integration looks like”
9. “Innovation needs the right culture”
10. “Prevention is better than cure”
11. “Communicate, celebrate, replicate”

“Singularity of Purpose”

The West Midlands Statement of Ambition was shared with participants; for many it was the first time that they had seen it. Many welcomed the commitment to the wider public health agenda expressed in it; as well as the recognition of the need for radical change and the importance of the wider determinants of health.

However, for the most part, participants were fairly critical of the current wording. Among the concerns raised were: -

- The focus was largely on processes (e.g. “integrated services”)
- It lacked a compelling vision about what would be different for local communities
- There was no mention of wellbeing or health inequalities
- Its focus was on ‘illness’
- It was out of touch in terms of adopting a “*doing to people*” focus and not one centred on “assets” and building community resilience

Several senior leaders also questioned the extent to which the Statement was realistic, given its emphasis on transformational improvements. As one of the participants put it, “*if we can maintain the status quo over the next 3-5 years we will have done amazingly.”*

“From base camp to scaling the heights of Everest”

Some participants used the metaphor of climbing Mount Everest in describing the scale of the challenge facing local councils and partners in implementing the health reforms. The biggest hazards in the journey to base camp were:

- challenging financial environment – many participants believed this was harsher for councils than for both the Police and NHS. One senior elected representative argued that not many people fully understood how dreadful the financial position is.

- System re-organisation – with many parts of the new system still being embedded, this had had an impact on developing relationships

between partners who were working together for the first time and on the extent to which real progress had been made in, for example, developing the capacity of health and wellbeing boards to address more urgent and challenging issues.

Participants identified risks around fragmentation of the NHS system, with the loss of corporate knowledge and unresolved responsibility e.g. outbreaks (now split between NHS England, PHE and the relevant local authority).

On the other hand, public health transition had largely been very positive, with both council and public health staff supporting the relocation of the function from primary care trusts. Many hailed it as "*the right move*" and there were already early signs of public health adding value – for example, influencing council budget savings through the provision of robust evidence.

"Partnerships, relationships and shared culture"

Trusted relationships and partnerships founded on shared norms of behaviours, values and common purpose, together with effective leadership were repeatedly mentioned as essential requirements to achieve transformational change. Participants were largely positive about the ethos of partnership working within localities and across the region. Concerns related to forging new relationships with the national bodies – PHE and NHS England.

There were also concerns about the new Local Healthwatch organisations; many describing them as lacking effectiveness, although it was acknowledged that they were still emerging from a long gestation period.

Differences in the culture of public health and local councils were mentioned as both helping and hindering effective partnership working. Public health culture was seen as one of data and evidence driven, objective and proud of its independent professional standing, while the local authority culture was politically driven, based sometimes (in some participants' views) on short-termism.

Partnership working in two-tier areas also came under the microscope with several participants stating that lip service was sometimes paid to the districts' contribution to health and wellbeing.

On the whole there was a good ethos of partnership locally, although some participants called for more collaborative working on a "*bigger system level*".

Information sharing between organisations continued to be a major stumbling block – "*everyone seems to hide behind data protection*".

"*Trust*" was consistently raised, particularly by elected members, with many suggesting that there was a lack of 'honesty' in the way some parts of the

NHS worked. Specific mention was made of "*novated contracts coming across from CCGs*", for example.

The need for "*smarter*" commissioning was also raised. Third sector participants highlighted what they saw as over-bureaucratic commissioning, with councils focussing more on reducing contract costs and not making the most of the "*nimbleness*" of third sector organisations.

"Health is everyone's business"

System leadership was seen as making an important contribution in mobilising the efforts, energy and resources of all parts of the local system towards a vision of 'health is everyone's business'. Several examples were cited of contributions from the wider social determinants of health, including regeneration and transport. Nevertheless, some parts of local councils still viewed health as "*not my responsibility*". A combination of "*bold, decisive leadership"*, good quality information and a "*bit of education*" was seen as important in securing commitment to achieving 'health is everyone's business'.

"Health and wellbeing boards: system leaders or talking shops?"[1]

This quote reflects the title of The King's Fund 2012 report on how local councils and partners were implementing health and wellbeing boards. A follow-up report has recently been published[2]. A number of issues impacting on the effective operation of health and wellbeing boards cited in these reports were picked up in interviews with participants.

Boards were still not yet operating as effective system leaders; they were not yet engaged in having difficult conversations, with too much of their time taken up with governance and performance management. With HWBs set to have a major role in 'sign off' on Integration Transformation Fund plans, this either represents an opportunity for HWBs to up their game or run the risk of being bypassed.

"A new relationship with communities"

There was an overwhelming call for local councils and partners to encourage a greater focus on empowerment, community resilience, assets-based working and co-production with local communities. Many JHWS have included community mobilisation as a key priority. This agenda is seen as providing a significant opportunity to manage demand, support communities to take greater responsibility for their own health and achieve a more effective approach to respond to complex needs.

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[1] http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/health-and-wellbeing-boards-the-kings-fund-april-12.pdf

[2] http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/health-wellbeing-boards-one-year-on-oct13.pdf

"Dealing with greater complexity, ambiguity, uncertainty and change"

Several participants highlighted the lack of capacity "*to look at the complexity and ambiguity*" of working in the new system and "*to get their head round it'*. Local Healthwatch and CCG participants raised similar concerns. Some participants called for more time to be freed up from the day-to-day, business as usual, to enable a real focus on transformational change.

"A shared understanding of what integration looks like"

Most participants supported integration; many saw integrated care as "*the solution to the big issues*", although there was a need to recognise that embedding integration takes considerable time. What integration meant to them differed radically. Several partners challenged the extent to which councils themselves were integrated; children's services being the most commonly quoted example as not being integrated with the rest of their local authority. A number of experienced leaders and practitioners were strongly against structural integration, seeing it as ineffective and unnecessarily time consuming, regarding cultural and behavioural integration as the way forward.

"Innovation needs the right culture"

"*Innovate or die*" was a theme from a number of participants. Key to this was the need to develop a culture that encourages "*intrapreneurship*" and risk-taking. Many described local government as having risk averse and blame cultures, stifling creativity and innovation. Some participants spoke about the extent to which individual personality rather than organisational culture played a stronger part in innovative practices. There were however big risks to individuals, with examples mentioned of people who had been dismissed for "*trying new ideas*".

A culture of innovation needed to support "*a willingness, courage and determination to break the rules and for people to feel safe to innovate and take risks*." It should also encourage "*thinking allowed*" and "*systems thinking*". Innovation and creativity also required a culture of reflective learning, belief and trust from senior leaders in their people that "*they know what they are doing*" together with a commitment to "*stick to it and not scupper it*" if things took time or did not go to plan.

"Prevention is better than cure"

The prohibitive cost of curative and downstream interventions was mentioned as a major reason for the greater emphasis on prevention and early intervention strategies and approaches. Examples of preventative approaches highlighted included 'families first' and weight and exercise programmes, as well as public health promotion which was said by one participant "*to be working well*". Some participants, however, were "*not convinced about the evidence base for preventative work*". Some elected members felt they had been taken down roads that may work in certain areas but were now hearing expert opinion that suggested prevention was a waste

of resources. Overall, there was a need for partners to "*get the prevention agenda clearer in our own minds*".

"Communicate, celebrate, replicate"

A number of partner representatives in one-to-one and focus group discussions argued that more should be done to promote the 'good news' stories and celebrate and replicate good practice. As one CCG member put it, "*so much of what we do doesn't get into the news, we just get on with it; people don't notice it, only if things go wrong. We need to be more proactive in telling our stories*". Examples were mentioned of the positive work being undertaken in end of life care and encouraging breast cancer screening among women from poorer backgrounds and communities.

Development needs and priorities for support

Many participants recognised the need for further development in order to secure transformational change. The Catalogue of Provision (see below) provides a fairly comprehensive database of resources, networks and learning and development opportunities available locally, regionally and nationally.

Participants identified nine development areas:

1. The opportunity to share best practice between councils and local health and wellbeing systems. Various mechanisms were suggested - web based, bulletin based, learning events (the PHE event in September was specifically cited as a good example). Another suggestion was for each council to host a thematic learning day/half day. Some participants felt that in order for individual councils to work in this way would require a degree of trust and risk. Achieving radical change will in part be based on small risks - and wins. The mechanisms are secondary to the leadership and culture.

   Specific examples of learning that would be helpful included:

   - ✓ How Public Health departments have managed to influence the Planning department;
   - ✓ Peer support or mentoring between CEOs;
   - ✓ Facilitated support targeted at CEOs across a system;
   - ✓ Understanding how Councils really work, for partners;
   - ✓ Public Health best practice for non Public Health staff; what works (in e.g. housing) to produce economic as well as health outcomes; best practice in Public Health and Regulatory services.

2. Additional targeted support to HWBs. The HWB Chairs network run by CLGWM was highly regarded by participants. Support was required to enable HWBs to:

   - Change gear and up the ante on having difficult conversations
   - Develop greater sense of identity and clarity of purpose

- Develop a shared culture and expectations
- Encourage tighter prioritisation
- Drive change on big issues and working collaboratively
- Achieve purposeful and effective engagement
- Apply change lessons and create space for thinking time
- Deal with conflict

3. Support for Members in understanding the new NHS system - what organisations were responsible for, how they could affect Councils, and how to influence them as part of the Council's leadership of place role.

4. Improving understanding and relationship between GPs and Members - both key influencers at a time of radical change, but (as several Members identified) with limited mutual understanding. This is a risk to both Councils and CCGs. This development may be best based locally, with facilitated GP/Member sessions, or could be delivered more conventionally as e.g. a Learning Set.

5. A broader programme of bespoke support for individual council areas / local systems to develop joint working. In particular, a programme that brings together LA Chief Executives, CCG Chairs and Chief Operating Officers at the local level. It was felt that this was a major gap at present.

6. Support for Overview and Scrutiny to engage with increasing complexity and ambiguity, to gain a better understanding of integration and the implications for undertaking scrutiny. This was not seen as a capability issue but as "*a big capacity issue*".

7. Support for Chief Executives and Executive Directors who directly line managed directors of public health.

8. A series of thematic workshops and events; topics identified include:

    - Health visiting (to get ready for transition)
    - Integration Transformation Fund (because of the scale and pace of the ambition judged against previous progress)

9. A "Futures Group" to explore a series of scenarios e.g. 'what if the NHS is privatised, or commissioning is given to local authorities'.

In terms of the format of such support, participants were clear in wanting practically focussed face-to-face learning with expert input. There should be practical and specific support, helping people to deal with identifiable problems, rather than just general discussion. They would prefer help from those who had already successfully tackled the problems. If that was not possible, then input from experts, who could draw on their knowledge of a wide range of organisations and situations, to challenge or use scenarios to develop thinking, would be welcome.

State of Readiness Barometer and Catalogue of Provision

There was enthusiasm and support for the Catalogue of Provision; in the words of one interviewee, "*it is quite a crowded landscape and making sense of the support that's available would be very useful*."

For the most part, participants viewed the Catalogue as:

(a) An information repository of networks (formal and informal), forums and organisations that hold important knowledge, and good practice about improving health and wellbeing, and

(b) A learning and development resource to support the learning needs identified by participants.

Views on the Barometer were much more diverse, with no overall consensus about its purpose and how it should be used. Many felt that local government was very diverse so the Barometer would need to reflect and bring value to this local diversity. The need to avoid duplicating existing tools such as the LGA's HWB Development Tool and Peer Challenge was consistently raised. Some participants also asked about the link with the various outcomes frameworks. Suggestions about the content and focus of the Barometer included:

- as a 'health check' of HWBs and to assess their resilience;
- as a diagnostic tool, giving local councils and their partners a sense of where they are now and where they are going
- as a measurement of the experiences of local residents and their views about whether care is really meeting their needs

The proposed design of the Barometer is a change model that sets out six key drivers of change. These drivers have been developed from the eleven themes and key messages from participants taking part in the Project. While the key drivers provide a consistent framework, nevertheless the design of the Barometer allows flexibility in how it is used.

Its overarching aim is to provide a strategic framework to support local councils, health and wellbeing boards and partners across the West Midlands in their journey to achieve transformational change. At the centre of the model is a statement of the shared ambition for the West Midlands, setting out what good health and wellbeing outcomes would look like for individuals, families and communities.

State of Readiness Barometer Change Model